



2006 OCS QAPI Snapshot Annual Survey

Submission Deadline: February 15, 2007

Thank you for being part of the OCS QAPI Snapshot program. This is the **OCS QAPI Snapshot Annual Survey**. Please read all instructions and notes carefully.

GENERAL NOTES

HELP - If you have questions about the online submission process or any other aspect of the QAPI Snapshot program, please call the OCS QAPI Help Desk at 603.795.4802 or email QAPI@ocsys.com, and we will be happy to assist you.

DATA SUBMISSION - Be sure to save your data on each page before moving on to a new page to ensure that it is submitted to the database.

ZERO VALUES vs. EMPTY FIELDS - It is important that we differentiate between a response of zero (0) and no response. You should not enter a zero if a question is not applicable to your organization or you cannot obtain the appropriate data. Enter a zero only when it is the correct response for a particular question. Leave fields blank where the question is not applicable or the data is not available. **Please contact us if you have any questions.**

DEFINITIONS

Each requested data element includes a link to further definition or instructions, designated by the ⓘ symbol.

Selected volume and length of service definitions are also detailed below. Please review these definitions and calculation examples carefully.

Average Length of Service (ALOS) - For patients discharged during the survey time frame, divide the total days of care provided by the total number of patients.

EXAMPLE: 10 patients died or were discharged in January. Their total patient days from admission to discharge were 420. $ALOS = 420/10 = 42$ days.

Median Length of Service (MLOS) - The median is the midpoint for all patients discharged during a survey timeframe (same population as for ALOS, above). Half of the patients have a LOS longer than the median and half of the patients have a LOS shorter than the median.

Calculate the MLOS by arranging the LOS values for all patients from lowest to highest (1, 2, 3...). Find the score that falls in the exact middle of the list. This is the median length of service. If there are an even number of patients, and therefore not one middle number, average the two in the middle to find the median.

EXAMPLE 1 - Odd number of patients:

- You have five patients who stayed for the following number of days: 8, 22, 3, 10, 7.
- Arrange the LOS scores from lowest to highest (3, 7, 8, 10, 22).
- The median length of service is in the middle - 8 days.

EXAMPLE 2 - Even number of patients:

- You have six patients who stayed for the following number of days: 11, 2, 9, 5, 8, 4.
- Arrange the LOS scores from lowest to highest: 2, 4, 5, 8, 9, 11.
- The median will fall between the third and fourth number. In this case, 5 and 8.
- Add 5+8 and divide by 2. $(5+8)/2 = 6.5$.
- Therefore, 6.5 is your median.

Average Daily Census (ADC) - ADC is computed taking all patient days for a given period and dividing by the number of days in that period.

EXAMPLE: You provided a total of 1,085 patient days for all levels of care in January. 1,085 divided by 31 days equals an ADC of 35 patients.

Visits and Hours Paid per Discipline - Include total hours paid and visits provided by all staff (including contract staff) with your discipline data for home hospice.

Please check the FAQ list for answers to some of the most frequently asked questions and additional definitions. If you don't see the answer to your question, please call us.

Frequently Asked Questions

Q When is the 2006 data due?

A Data for the OCS QAPI Snapshot 2006 Survey is due February 15, 2007. It is important to adhere to this deadline in order to ensure that your data is included in the 2006 Snapshot report. If you have any questions or do not feel that you will be able to meet this deadline, please call us.

Q What if I am unable to submit my data by the deadline?

A Please call us right away. We may be able to help you in your data collection efforts. If you are waiting for a few data points, please submit the data that you have. You can add the missing data points later.

Q What positions are considered "clinical staff"?

A Clinical staff includes your nurses, social services, and "other clinical staff" (physicians, chaplains, therapists, home health aides, etc.) This does NOT include supervisors and

managers unless they provide direct clinical care.

Q What positions are considered "**other clinical staff**"?

A Other clinical staff refers to non-nurses, including physicians, chaplains, therapists, home health aides, and any other clinical staff you utilize in your organization.

Q What is considered "**non-clinical staff**"?

A Non-Clinical staff is your administrative and general staff. This includes all staff time EXCEPT clinical (nursing, social services, and other clinical) and bereavement. This would include, but is not limited to administrators, volunteer coordinators, and support staff.

Q Where do I account for my **administrators, administrative and general staff**?

A All of these staff members would fall under Non-Clinical Staff.

Q How do you determine the **location of admission**?

A The location of admission is the place where the first clinical visit occurs. If you provide an *informational* visit to a referred patient in the hospital prior to the patient being discharged home, you would not consider the hospital as the location of admission. If the admission visit occurred in the hospital, then the hospital would be considered the location of admission.

ORGANIZATIONAL PROFILE

Organization/Leadership	
Name of Parent Organization (if applicable)	<input type="text"/> ⓘ
Hospice Mailing Address	
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> ⓘ
Zip Code	<input type="text"/> ⓘ
County	<input type="text"/> ⓘ
Organization Website Address	<input type="text"/>
Primary QAPI Snapshot Survey Contact	
Name	<input type="text"/> ⓘ
Title	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
Type of Provider (check one)	
Freestanding	<input type="checkbox"/> ⓘ
Hospital Based	<input type="checkbox"/> ⓘ
Home Health Based	<input type="checkbox"/> ⓘ
Nursing Home Based	<input type="checkbox"/> ⓘ
Structure/Ownership (Check one)	
Voluntary (not for profit - 501c3 status)	<input type="checkbox"/> ⓘ
Proprietary (for profit)	<input type="checkbox"/> ⓘ
Government	<input type="checkbox"/> ⓘ
Membership	
Are you a member of NHPCO?	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Other Hospice Information	
Does your hospice operate one or more dedicated hospice facilities or units?	<input type="radio"/> Yes <input type="radio"/> No ⓘ
What percent of patient records do you routinely review? (%, not decimal)	<input type="text"/> ⓘ
When did you last review your practices against standards? (MM/YY)	<input type="text"/> ⓘ
Does your compliance program meet OIG Guidance?	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Does your organization provide bereavement services to the community?	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Do you have access to an ethics committee?	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Do you utilize an executive dashboard for performance management?	<input type="radio"/> Yes <input type="radio"/> No ⓘ
Overall profit margin (%, not decimal)	<input type="text"/> ⓘ
Fundraising percent of total revenue (%, not decimal)	<input type="text"/> ⓘ

VOLUME

*Please leave fields blank where a response is not available or not applicable.
DO NOT ENTER "0" UNLESS THE ANSWER IS ZERO.*

TOTAL PROGRAM	
Total number of patient days	<input type="text"/> ⓘ
Total number of admissions	<input type="text"/> ⓘ
Total number of deaths	<input type="text"/> ⓘ
Total number of live discharges	<input type="text"/> ⓘ
Total number of unique patients served	<input type="text"/> ⓘ

	Annual Average
ADC, ALOS, MLOS	
ADC: Home Hospice/Visiting Services	<input type="text"/> ⓘ
ALOS: Total Program	<input type="text"/> ⓘ
MLOS: Total Program	<input type="text"/> ⓘ

ADMISSIONS BY LOCATION	
<i>Please report the number of admissions in each location during the reporting period. Count the admission location on the first day of care.</i>	
Home	<input type="text"/> ⓘ
Hospital	<input type="text"/> ⓘ
Hospice Unit	<input type="text"/> ⓘ
Free Standing Hospice Inpatient Facility or Residence	<input type="text"/> ⓘ
Nursing Facility	<input type="text"/> ⓘ
Residential Care Setting	<input type="text"/> ⓘ
TOTALS	<input type="text"/> ⓘ

STAFFING

Please leave fields blank where a response is not available or not applicable.
DO NOT ENTER "0" UNLESS THE ANSWER IS ZERO.

VISITS & HOURS PAID BY DISCIPLINE	HOME HOSPICE CARE Annual Totals	
	Visits	Hours Paid
Nursing	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Medical Social Services	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Home Health Aide/Homemaker	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Spiritual Counselor/Chaplain	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Therapy	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Paid Physician Services	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Other Clinical	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Bereavement	<input type="text"/> ⓘ	<input type="text"/> ⓘ
Other Non Clinical	<input type="text"/>	<input type="text"/>
TOTAL PAID STAFF	<input type="text"/> ⓘ	<input type="text"/> ⓘ

CERTIFICATIONS	
% of nurses HPNA-certified (%, not decimal)	<input type="text"/> ⓘ
% of physicians ABHPM-certified (%, not decimal)	<input type="text"/> ⓘ

OUTCOMES

Please Note: Number of Discharges for Outcomes Questions should match the number of Discharges in Volume Section.

Unwanted Hospitalization	Annual Total
Numerator: Number hospitalized who had stated a preference to avoid hospitalization.	<input type="text"/> ⓘ
Denominator: Patients who wanted to avoid hospitalization.	<input type="text"/> ⓘ

Comfort 48 Hours After Admission	Annual Total
Numerator: Patients admitted in pain whose pain was brought to a comfortable level within 48 hours of admission.	<input type="text"/> ⓘ
Additional respondents for denominator: Patients who were admitted in pain and remained uncomfortable after 48 hours.	<input type="text"/> ⓘ

Willingness to Recommend FEHC Question G3 (or consistent wording)	Annual Total
Numerator: Caregivers willing to recommend hospice based on care received.	<input type="text"/> ⓘ
Denominator: Total survey question responses.	<input type="text"/> ⓘ

Evening and Weekend Responsiveness FEHC Question G2 (or consistent wording)	Annual Total
Numerator: Caregivers who rated evening and weekend responsiveness as "Excellent."	<input type="text"/> ⓘ
Denominator: Caregivers who answered the question about evening and weekend responsiveness.	<input type="text"/> ⓘ

If you have questions, please feel free to call OCS at 603.795.4802.